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SUBCOMMITTEE ON SOCIAL SECURITY
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Congress of the United States
House of Representatives

XAVIER BECERRA
31ST DISTRICT, CALIFORNIA

AUTHORIZATION FORM

Name _____

Address _____

Home # _____ Work # _____

Social Security # _____

Date of Birth _____ Male _____ Female _____

Primary language spoken at home _____

I hereby authorize the _____
(Name of Agency)

to release information to Congressman Xavier Becerra or his staff regarding the problem
I have described below.

Signature _____ Date _____

Description and history of problem:
